## UTAH DEPARTMENT OF TRANSPORTATION Application for a Permit to Film on State Roads (Please type or print all information) (CREWS CANNOT OCCUPY THE RIGHT-OF-WAY UNTIL A PERMIT IS APPROVED)

	Date	Date of application:/			
Application is hereby made by:					
Address:					
Contact person:					
DATE(S): Beginning/	/ TIME	: Beginning:	AM	PM	
Ending /	/	Ending:	AM	PM	
Note: If time will vary on subsequent	days, attach explanatio	n.			
Location:					
Proposed Route(s):	Milepost ,City	·:	,County:		
If traffic control is required attach a tractional patrol, Sheriff, City Police and/or UE closures.	OOT IMT to move traffi	e, slow traffic or init	tiate intermitter	nt road	
Contact:					
If this permit is granted, we agree to our UDOT's MANUAL FOR THE ACCORDITION OF STATE HIGHWARE Region Director/District Engineer or	OMMODATION OF U AY RIGHTS OF Way,	TILITIES AND THand "Special Limitat	E CONTROL A	AND	
This Permit is approval for use of Sta (other agencies) they are within. This application constitutes a request	·		•	sdiction	
Organization		Signature		Date	
Region/District Traffic Enginee			Region Permits Officer		